**CITY OF CHESTER TODDLER T-BALL 2017**

**FOR BOYS AND GIRLS AGES 3 AND 4 YEARS**

**(Must turn 3 by July 15, 2017 and must not turn 5 before August 1, 2017)**

**DEADLINE TO REGISTER IS MAY 31, 2017 AT 3 PM.**

**FEE:** $25.00 if received by May 31, 2017 and $35 after. NO REGISTRATIONS WILL BE ACCEPTED AFTER JUNE 16, 2017.

All checks should be made payable to the City of Chester Toddler T-Ball. Mail or return registration fee and form to:

City of Chester

Toddler T Ball

1330 Swanwick Street

Chester, Illinois 62233

**GENERAL INFORMATION:**

\* Activity will be held July 5, 2017 - July 31, 2017.

\* Practices and games will be held at Cohen Complex.

\* Each participant will receive a t-shirt.

\* Your coach will contact you between June 20th and 30th with your team information.

**\*\*PROGRAM IS CONTINGENT UPON PARTICIPATION. IN THE EVENT THE**

**PROGRAM IS NOT HELD ALL REGISTRATION FEES WILL BE RETURNED\*\***

For more information you may contact us at [www.chesterill.com](http://www.chesterill.com), email us at [chesterrecreation@chesterill.com](mailto:chesterrecreation@chesterill.com), phone us at 618-826-1430 or visit us on Facebook.

**TODDLER**



**CITY OF CHESTER TODDLER T-BALL 2017**

**FOR BOYS AND GIRLS AGES 3 AND 4 YEARS**

**(Must turn 3 by July 15, 2017 and must not turn 5 before August 1, 2017)**

**DEADLINE TO REGISTER IS MAY 31, 2017 AT 3 PM.**

If you would like to help by coaching or assisting, complete the information below. You will be contacted and must attend the coach’s meeting Monday, June 19th at 6pm. For information contact Patti Carter, Recreation Director, at 826.1430.

I would like to volunteer to coach \_\_\_\_\_\_ or assist \_\_\_\_\_\_\_

Contact name and number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do hereby fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT INFORMATION

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELLPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEXT: Y N

EMERGENCY CONTACT NAME AND NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT INFORMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_

CIRCLE GENDER: BOY GIRL PLAYER T-SHIRT SIZE (CIRCLE ONE): YOUTH 4/6 6/8 10/12 14/16

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do not write below this line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cash | Check | Amount | Age | Gender | Team |
|  |  |  |  |  |  |